

# MEDCASE SUPPORT AND TRANSMITTAL FORM

For use of this form, see SB 8-75 MEDCASE; the proponent agency is the OTSG

1. ACTIVITY		2. ASSET CONTROL NUMBER	
<b>EQUIPMENT MAINTENANCE ACTIVITY</b>			
3. DO YOU SEE PROBLEMS WITH PROVIDING MAINTENANCE SUPPORT? <i>(If Yes, explain)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. MAINTENANCE WILL BE PROVIDED <input type="checkbox"/> IN-HOUSE <input type="checkbox"/> SERVICE CONTRACT		5. ANNUAL MAINTENANCE COST	
6. TRAINING TYPE <input type="checkbox"/> NONE <input type="checkbox"/> ONE TIME <input type="checkbox"/> RECURRING			
7. REPLACED ITEM WITH MAKE AND MODEL			
8. LIFE EXPECTANCY <i>(Years)</i>		9. DATE IN SERVICE <i>(YYYYMM)</i>	
10. MCEL COST		11. EXPENDED COST	
12. EQUIPMENT AND INSTALLATION CHARACTERISTICS <input type="checkbox"/> REQUIRES INSTALLATION <input type="checkbox"/> COMPLEX <input type="checkbox"/> ROUTINE <input type="checkbox"/> REQUIRES TURNKEY INSTALLATION <input type="checkbox"/> EXISTING EQUIPMENT REQUIRES DE-INSTALLATION <input type="checkbox"/> ADDITIONAL ELECTRICAL SUPPORT OR EMERGENCY POWER		13. THE JUSTIFICATION PROVIDED HAS BEEN REVIEWED AND THE STATEMENTS REGARDING MAINTENANCE HAVE BEEN VERIFIED.  THE REPLACEMENT OF THE ITEM <input type="checkbox"/> IS NOT SUPPORTED <input type="checkbox"/> IS BASED UPON MAINTENANCE CONSIDERATIONS.	
14. TYPED NAME AND TITLE OF REVIEWING OFFICIAL		15. SIGNATURE	
<b>ENGINEER (Health Facility Project Officer for BLIC NF &amp; MB)</b>			
16. ARE SITE MODIFICATIONS, UTILITIES OR OTHER COSTS INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		17. ESTIMATED SITE PREPARATION COSTS	
18. WITHIN THE SCOPE OF THE PROJECT (BLIC NF OR MB)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
19. TYPED NAME AND TITLE OF REVIEWING OFFICIAL		20. SIGNATURE	
<b>INFORMATION MANAGEMENT OFFICER</b>			
21. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> N/A			
22. TYPED NAME AND TITLE OF REVIEWING OFFICIAL		23. SIGNATURE	
<b>RESOURCES MANAGEMENT OFFICER</b>			
24. NON-MEDCASE COSTS ASSOCIATED WITH THIS REQUIREMENT ARE WITHIN CURRENT OR ANTICIPATED RESOURCES OF THIS ACTIVITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		25. THE ECONOMIC CONSIDERATIONS CITED <i>(In Justification)</i> HAVE BEEN VERIFIED AND ARE ACCURATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
26. TYPED NAME AND TITLE OF REVIEWING OFFICIAL		27. SIGNATURE	
<b>RADIOLOGY REVIEW</b>			
28. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND <i>(Comments attached)</i> <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
29. TYPED NAME AND TITLE OF REVIEWING OFFICIAL		30. SIGNATURE	
<b>LOGISTICS REVIEW</b>			
31. I HAVE REVIEWED THIS REQUEST AND RECOMMEND <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
I CERTIFY THIS REQUEST IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. REQUESTED EQUIPMENT IS ELIGIBLE FOR MEDCASE ACQUISITION.			
32. TYPED NAME OF LOGISTICS CHIEF		33. SIGNATURE OF LOGISTICS CHIEF	
<b>ACTIVITY COMMANDER REVIEW</b>			
34. I HAVE REVIEWED THIS REQUEST AND RECOMMEND <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		35. EQUIPMENT REPLACED WILL BE <input type="checkbox"/> TURNED IN <input type="checkbox"/> RETAINED <input type="checkbox"/> N/A	
36. TYPED NAME OF ACTIVITY COMMANDER		37. SIGNATURE OF ACTIVITY COMMANDER	
<b>REGIONAL MEDICAL COMMAND (RMC) REVIEW</b>			
38. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		39. RMC CONSULTANT ACTION CODE	
40. TYPED NAME OF RMC COMMANDER		41. SIGNATURE OF RMC COMMANDER	